

**AIDS Case Management Program (CMP)**

**Exemption for Staff-to-Client Ratios: Case Management Caseloads  
CMP Only**

☐ **Initial Request** ☐ **Renewal Request**

**Request Information**

Projects must comply with program defined staff-to-client ratios when budgeting staff time for the CMP. The standards require that a Nurse Case Manager (NCM) and Social Work Case Manager (SWCM) team share case management functions. One full-time equivalent (FTE) NCM and one FTE SWCM may each serve 30-45 (duplicated) clients. The NCM and SWCM may have different numbers of clients, as long as each FTE case manager's client caseload falls within the range. Every client must be assigned a NCM and a SWCM. Exemptions are allowed to serve as few as 25 clients per team and as many as 50 clients per team. Exemptions to serve up to 50 clients per team will be granted by the Office of AIDS (OA) only in extraordinary circumstances.

**Project Name:** \_\_\_\_\_

Effective dates for this exemption cannot exceed the current fiscal year.

This exemption is requested for the period from \_\_\_\_\_ to \_\_\_\_\_.

**Exemption Requested for:**

☐ Nurse Case Manager(s) staffing ratio requested: \_\_\_\_\_ clients per FTE

☐ Social Work Case Manager(s) staffing ratio requested: \_\_\_\_\_ clients per FTE

**Initial Requests**

On a separate sheet, provide a complete description of the specific reason(s) why the exemption is necessary. Reasons may include, but are not limited to: fiscal impact of the standards on the project, impact on client services, complexity of the clients served, and extreme length of travel time/distance to visit clients. Projects must thoroughly justify the reasons for the exemption and verify that they can and will provide services at the requested level and that client needs are being met.

**Renewal Requests**

If an exemption was approved for the same reason(s) during the prior fiscal year, no new documentation is required. The certification section must be completed below.

**Certification**

**Must be Completed for Both Initial and Renewal Requests**

1. I understand that this form and the supporting documentation (initial requests only) must be sent to the Office of AIDS (OA) Health Program Advisor (HPA) for approval. Written approval must be received from OA prior to serving clients outside the staffing standards.
2. I certify that case managers can and will provide services at the required level and that client needs are being met.
3. All documents that relate to and support this exemption request, including a copy of this completed form, must be retained at the agency and made available for review, if requested.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For OA Use Only**

☐ Approved, Conditions: \_\_\_\_\_

Effective Dates: From \_\_\_\_\_ to \_\_\_\_\_ (cannot exceed current fiscal year)

☐ Not Approved, Comments: \_\_\_\_\_

OA HPA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OA Nurse Consultant Signature \_\_\_\_\_ Date: \_\_\_\_\_

OA Social Work Consultant Signature \_\_\_\_\_ Date: \_\_\_\_\_